

## KATTEN MUCHIN ROSENMAN LLP

525 West Monroe Street  
Chicago, IL 60661-3693  
312.902.5200 office 312.902.1081 fax

To	Company	Fax Number	Phone Number
Mail Stop RCE Commissioner for Patents	USPTO	(571) 273-8300	RECEIVED CENTRAL FAX CENTER
Date	Client/Matter Number		
March 16, 2006	211467-00088		
From	Attorney Number		
John S. Paniaguas	32347		
Phone	Fax		
312.902.5312	312.577.4532		

Total number of pages, including cover letter: pages  
If you do not receive all of the pages, please call: 312.902.5312

16 pages

**Comments**

RE: Patent Application No.: 09/448,175  
Filing Date: November 24, 1999  
Inventor: Hanna S-H Hsu, et al  
Title: Polyphase Filter with Stack Shift Capability  
Confirmation No.: 4745  
Please file the attached:  
Transmittal Form (1 p.)  
Fee Transmittal Form (1 p.)  
Amendment ( pp.)  
Patent Application Fee Determination Record (2 pp.)  
Petition for Extension of Time (1 p.) - in duplicate  
Request for Continued Examination (1 p.) - in duplicate

**Certificate of Transmission**

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office ((571) 273-8300) on March 16, 2006.

Janelle A. Wiggins  
(Typed or printed name of person signing this certificate)  
Janelle A. Wiggins  
Signature

**For Messenger Department Use Only**

Your fax has been sent. Attached is your original.

Date Time

Signature

**Important**

This facsimile transmission contains information intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law.

If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any copying, disclosure or distribution of this information may be subject to legal restriction or sanction. Please notify the sender by telephone to arrange for the return or destruction of the information and all copies.

Chicago New York Los Angeles Washington, DC Charlotte Palo Alto Newark [www.kmr.com](http://www.kmr.com)

A Law Partnership including Professional Corporations

Doc #.CH101 (211467-00088) 50342707v1,03/16/2006/Tax:14:28

PTO/SB/21 (08-04)

Approved for use through 07/31/2006 OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/448,175
Filing Date	November 24, 1999
First Named Inventor	Hanna S-H Hsu, et al.
Art Unit	2634
Examiner Name	Odom, Curtis B.
Attorney Docket Number	211467-00088 (12-0887)

RECEIVED  
CENTRAL TAX CENTER

MAR 16 2006

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change or Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below).
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Request for Continued Examination
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Patent Application Fee Determination Record
<input type="checkbox"/> Certified Copy of Priority Documents(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Tape on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Katten Muchin Rosenman LLP		
Signature			
Printed name	John S. Panagwas		
Date	3-16-06	Reg. No.	31,051

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Jenelle A. Wiggins

Date

3-16-06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

# FEE TRANSMITTAL For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** \$1,240.00
**Complete If Known**

Application Number	09/448,175	RECEIVED
Filing Date	November 24, 1999	CENTRAL BOX CENTER
First Named Inventor	Hanna S-H Hsu, et al.	MAR 13 2006
Examiner Name	Odom, Curtis B.	
Art Unit	2634	
Attorney Docket No	211467-00088 (12-0887)	

**METHOD OF PAYMENT** (check all that apply)
 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

 Deposit Account Deposit Account Number 50-1214 Deposit Account Name Katten Muchin

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEES CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee DescriptionEach claim over 20 (including Reissues)  
Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)
- 20 or HP =	x	=	50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 3 or HP =	x	=	200	100

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE and Petition for Extension of Time

Fee Paid (\$)

\$1240

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent) 31,051

Telephone (312) 902-5200

Name (Print/Type) John S. Panagakos

Date 3-16-06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.